

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028048

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 267Primary Registration District No. 3049Registrar's No. 135

FILED JUL 26 1962

1. PLACE OF DEATH

a. COUNTY

Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN HaytiLength of stay in 1b
2 Yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Memorial HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Pemiscot

c. CITY
OR TOWN HaytiInside Limits
Yes ☒ No ☐

d. STREET ADDRESS 504 W. Washington (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Ollie Mae Williams

4. DATE
OF DEATH

Month

Day

Year

July 22, 1962

5. SEX
Female6. COLOR OR RACE
Negro7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
12-16-269. AGE (last birthday)
35IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
House-wife10b. KIND OF BUSINESS OR INDUSTRY
X11. BIRTHPLACE (City and state or country)
Louisiana12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Richard Moore

13b. MOTHER'S MAIDEN NAME

Ruth Dyer

14. NAME OF HUSBAND OR WIFE

Joel Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No X

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Joel Williams Hayti, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Concomitant accident

INTERVAL BETWEEN
ONSET AND DEATH
2 hrs.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Frequent at home

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Frequent at home

PART III. If deceased was female was
there a pregnancy in last 90 days.☒ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-22-62 to 7-22-62 and last saw her alive on 7-22-62

Death occurred at 4:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

Hayti, Mo.

22c. DATE SIGNED

7-23-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

7-25-62

23c. NAME OF CEMETERY OR CREMATORY

Morgan Ridge Cemetery

23d. LOCATION (City, town, or county)

Caruthersville, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Osborn Funeral Home, Hayti, Mo.

25. DATE RECD. BY LOCAL REG.

7-24-62

26. REGISTRAR'S SIGNATURE

Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

SEP 6 1962

JUL 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James G. Debus

Licensed Embalmer No. 4185

P. O. Address Hayti, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.